

191 Sweet Hollow Rd. Old Bethpage, New York 11804 (516) 870-1600

Student Internship/ Volunteer Application

Please be advised that the information obtained on this application is strictly confidential and will be used only to help us find an appropriate position for you).

PLEASE CHECK THE APPROPRIATE BOX

(516) 870-1600				VOLUNTEER						IN	INTERN FOR CREDIT					
				UNPAID INTERN/ NO CREDIT						PAID INTERN						
PERSONAL IN	NFORMA	TION														
LAST NAME					FII	RST N	NAME						М	IDDLE	INITIAL	
CURRENT ADDR	ESS															
CITY	'						STAT	E			ZIP	CODE				
HOME PHONE NUMBER							CELL PHONE NUMBE			BER						
E-MAIL ADDRESS																
ARE YOU UNDER THE AGE OF 18? YES NO																
EDUCATION, SKILLS, EMPLOYMENT / VOLUNTEER / INTERN EXPERIENCE																
ARE YOU CURRENTLY IN HIGH SCHOOL				COLL	LEGE?		FRESHMAN		N	SOF	PHMORE		JUNIO	R	SENIOR	
HIGH SCHOOL STUDENTS:																
NAME OF HIGH SCHOOL YEAR OF GRADUATION																
ADDRESS																
CITY	CITY STATE ZIP CODE															
GUIDANCE COUNSELOR				·							PHONE N	PHONE NUMBER				
COLLEGE STU	JDENTS:															
INSTITUTION YEAR OF GRADUATION							1									
ADDRESS																
CITY							STA	TE				ZIP (CODE			
WILL YOU SEEK A	ACADEMIC	CREDIT FOR T	HIS IN	TERNS	HIP?	Y	ES		NO							
PROJECTED STA	ART DATE C	F INTERNSHI	Р				Р	ROJE	CTED E	ND D	ATE OF IN	TERNS	HIP			
IF SEEKING ACA	DEMIC CRE	EDIT, INTERN	ARE	RESPO	NSIBLE	FOR	OBTAII	NING A	AND M	EETIN	G THEIR S	PECIFIC	C PROGI	RAM R	QUIREMEI	NTS.
FAMILY RESID	ENCES AN	D ESSENTIAL	ENTER	PRISES	WILL	PROV	/IDE TH	E NEC	ESSAR	y DOC	UMENTA	TION F	OR CREE	OIT UPO	ON REQUES	T.
ACADEMIC ADVISOR PHONE NUMBER																
PLEASE A	TTACH T	HE PROGR	AM R	EQUI	REME	NTS	AND	TIME	REQ	UIRE	MENTS	WITH	YOUR	APPL	ICATION	
						A \ / /	VII A DI	LITY								
MONDAY	THECE	AVAILABILITY JESDAY WEDNESDAY THURSDAY FRIDAY SATURDAY SUNDAY						,								
MONDAY	TUESE	DAY WE	DNE	SDAY THU		HUF	IRSDAY		FRIDAY			SATURDAY		SUNDAY		
HOW MANY HOURS WILL YOU REQUIRE WEEKLY TO COMPLETE YOUR INTERNSHIP?																
HAVE YOU EV	/ER WOR	KED IN AN	INTE	RNSH	IP OR	VO	LUNTI	EER P	ROGI	RAM	? YES		NO			
IF YES, PLE	ASE LIST V	WHERE AND	WHA	T YOU	R RESI	PON	SIBILIT	IES W	/ERE II	N THE	SPACE P	ROVID	DED ON	THE	IEXT PAGE	

IS THERE A DARTICH AD DEDARTMENT OF LOCATION WHITE YOU WOULD LIVE TO WORK AS AN INTERNAL
IS THERE A PARTICULAR DEPARTMENT OR LOCATION WHERE YOU WOULD LIKE TO WORK AS AN INTERN / VOLUNTEER AT FAMILY RESIDENCES AND ESSENTIAL ENTERPRISES? PLEASE LIST THEM IN ORDER OF PRIORITY
1.
2.
3.
WHAT SKILLS, HOBBIES, OR SPECIAL INTERESTS DO YOU HAVE?
OTHER TRAINING:
WORK HISTORY
ARE YOU CURRENTLY WORKING FULL TIME? PART TIME? STUDENT NOT WORKING CURRENT EMPLOYER TO
ADDRESS FROM TO SUPERVISOR
ADDICESS SOF ERVISOR
PHONE NUMBER CAN WE CONTACT YOUR EMPLOYER? YES NO
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HAVE YOU EVER BEEN CONVICTED OF A CRIMINAL OFFENSE BY A COURT OF SUBJECT TO MILITARY COURT MARTIAL? YES NO IF YES, PROVIDE THE DATE AND NATURE OF THE OFFENSE: HAVE YOU EVER BEEN SUSPENDED, DISCHARGED, OR RESIGNED FROM EMPLOYMENT FOR AN INCIDENT OF PHYSICAL OR VERBAL ABUSE OF AN INDIVIDUAL, CO-WORKER, OR CUSTOMER? YES NO
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IN ESSAY FORMAT, PLEASE DESCRIBE YOUR INTEREST IN THE INTERNSHIP / VOLUNTEER PROGRAM, AND
IN ESSAY FORMAT, PLEASE DESCRIBE YOUR INTEREST IN THE INTERNSHIP / VOLUNTEER PROGRAM, AND WHAT YOU HOPE TO GAIN/CONTRIBUTE FROM YOUR PARTICIPATION. WHEN POSSIBLE, CONSIDER THE
POPULATION WE SERVE IN YOUR ESSAY ANSWER.

REFERENCES:									
PLEASE LIST (2) PROFESSIONAL REFERENCES. IF YOU DO NOT HAVE PROFESSIONAL EXPERIENCE, PLEASE LIST									
(2) PERSONAL REFERENCES (FRIENDS AND FAMILY CANNOT BE USED AS REFERENCES)									
NAME		RELATIONSHIP		PHONE					
NAME		RELATIONSHIP		PHONE					
NAME		RELATIONSHIP		PHONE					
EMERGENCY CONTACT INFORMATION									
PLEASE LIST ONE PERSON WHO CAN BE CONTACTED IN THE EVENT OF AN EMERGENCY:									
NAME OF CONTACT PERSON:									
RELATION TO CONTACT PERSON:									
HOME PHONE NUMBER CELL PHONE NUMBER									
PLEAS	SE ATTACH TO YOUR APPLICATION A	NY LETTERS OF RE	COMMENDATION, OF	R OTHER INFORMATION					
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				_					